

PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/896,546	
	Filing Date	June 29, 2001	
	First Named Inventor	Albert, Jonathan D.	
	Art Unit	2673	
	Examiner Name	Lewis, David Lee	
Total Number of Pages in This Submission	32	Attorney Docket Number	INK-022CN2

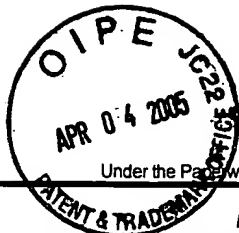
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature	<i>David J. Cole</i>	
Printed name	David J. Cole	
Date	March 30, 2005	Reg. No. 29629

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature	<i>David J. Cole</i>	
Typed or printed name	David J. Cole	Date March 30, 2005

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PTO/SB/17 (12-04)  
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>  <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application Number	09/896,546
		Filing Date	6/29/2001
		First Named Inventor	Albert
		Examiner Name	Lewis, David Lee
TOTAL AMOUNT OF PAYMENT		(\$)	65
		Attorney Docket No.	INK-022CN2

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 501162 Deposit Account Name: E Ink Corporation

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☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**          **Multiple Dependent Claims**         

- 20 or HP =          x          =         

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**         

- 3 or HP =          x          =         

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**          **Extra Sheets**          **Number of each additional 50 or fraction thereof**          **Fee (\$)**          **Fee Paid (\$)**         

- 100 =          / 50 =          (round up to a whole number) x          =         

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Statutory Disclaimer (37 CFR 1.20(d))

65

**SUBMITTED BY**

Signature	<u>David J. Cole</u>	Registration No. (Attorney/Agent)	29629	Telephone	(617) 499 6069
Name (Print/Type)	David J. Cole	Date	<u>March 30, 2005</u>		

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